woods				
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELL VERY		VERY
Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of the	sired. the reverse you.	A. Signature X B. Received by (Printe	ed Name)	☐ Agent ☐ Addressee C. Date of Delivery
		deliver	y address be flow	0
Ano du	11/24	☐ Insured Mail	C.O.D.	pt for Merchandise
2:07cv852 (cmp lyns	andy R+R)	4. Restricted Delivery?	(Extra Fee)	☐ Yes
Article Number (Transfer fram service label)	7007 1490	0000 00SP	51.00	
PS Form 3811, February 2004	Domestic Retu	ırn Receipt		102595-02-M-1540